

Mattison (J. B.)

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A THERAPEUTIC REVOLUTION: CODEINE
AND NARCEINE, VICE MORPHINE.

BY

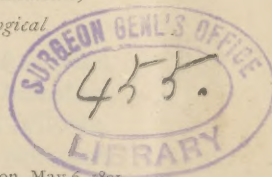
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the Cure of Intemperance; New York Academy of Medicine;
Medico-Legal Society; New York Neurological
Society; Medical Society of the
County of Kings.*

Read before the American Medical Association, Washington, May 6, 1891.

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THE

PREVENTION OF MORPHINISM

A TREATISE ON THE PREVENTION OF MORPHINISM
AND THE TREATMENT OF MORPHINE ADDICTION

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*Read before the American Medical Association,
Washington, May 6, 1891.*

The prevention of disease ranks higher than its cure, and he who essays the rôle of benefactor along this line, deserves well of his fellows, be results success or reverse. I shall presume to make effort at filling that rôle to-day; shall try to command your attention by enlisting in-

terest in what promises to remove, very largely, a stigma that has rested long and weightily on the healing art, and by wiping out this blot on the scutcheon, secure favor by virtue of not only an advance so decided as to mark a new era in therapeutics, but, above all, by lessening in large degree the main factor in a disease that spares neither sex, state nor condition and which, sad to say, claims for its victims more of our confreres than the world will ever know.

Pain and insomnia, with the use and abuse of morphia for their relief, are the leading twin causes of the morphine disease. Quite apart, however, is a peculiar power, *per se*, in this drug that makes it, so often, a bane after blessing—a snareful influence than which a stronger, save one, does not exist, and which carries with it, too often, degradation and death. It goes then, without saying, that if one can offer that which will bring ease, and win the “sweet restorer” *without* this harmful sequence, he will entitle himself to the plaudit of profession and public, by averting a danger that threatens the well-being of the person and society at large. Such, in much measure, I think we have in codeine and narceine. The former has long been used, to a minor extent, the latter is rare. Opinion has

varied as to their value, but my experience with each, in a field special, unique, and to some extent unequaled, has brought with it a belief in their virtue along painful, insomnic lines, and a confidence so pronounced that I bespeak for them your careful, practical consideration.

I am not willing to say there can be no Codeinism or Narceinism, despite the statement of Fischer that "tolerance and habituation analogous to morphine, are not caused by codeine," but I do assert that the snaring, seductive power of codeine is vastly less than that of morphia and that this one negative power for harm alone should secure for it a larger share of professional confidence and field for remedial work than it has hitherto had. Nor am I ready to say that codeine has a value, aside from its anodyne, equal to morphia in inflammatory conditions, nor that it has like power as a stimulant. To neither of these does my argument apply, but solely to its use in painful, agrypnic conditions, apart from temperature rise or cardiac decline.

Codeine was discovered in 1832, by Robiquet, who wrote in its favor, and two years later, Barbier and Bertha, after a series of careful experiments, claimed its special tendency towards the sympathetic system. These reports were confirmed but, like some other valuable

drugs, digitalis, for instance, the merits of codeine were for many years in abeyance, and only within the last half decade has it come well to the front with a claim for 'doing good work too strong to be disregarded.

Foreign physicians, especially on the continent, have always led in the use of codeine, but the time is quite here for us to follow their good example, and I cannot now do better than to commend to your careful reading a valuable paper by Lauder Brunton, in the *British Medical Journal*, June 9, 1888. Dr. Brunton lauds it highly, declaring he is satisfied that, to use his exact language: "it has a powerful action in allaying abdominal pain." He cites various painful conditions in which it has served him and his colleagues well, and closing his paper remarks that he "thinks it not improbable that codeine, which has almost fallen into disuse as an anodyne, will again come into vogue." I endorse every word of Dr. Brunton's, and venture the belief that we are on the eve of a larger use of codeine, in pain and insomnia, than the American profession has yet known.

I will not weary you with stating the various morbid conditions that codeine will control. Its province is more or less relief of any and every pain, but it is specially adapted, by virtue

of its non-tolerant power, to neuralgic disorders which stand so largely and so closely in genetic relation to the abuse of morphine ; and, in general, to any and all long-continued pain. Even in incurably painful conditions it is often better than morphia, bringing ease without the unpleasant gastric and other sequelæ of the latter drug.

The hypnotic action of codiene is also distinct and decided, and may be quite apart from any analgesic need. It is a reliable soporific, though sometimes acting more slowly, yet, without the dullness or headache often sequeling morphine.

A great gain in using codiene vice morphine as an anodyne and hypnotic is that it lacks that inexplicable influence of the latter—before noted—in making itself felt, apart from relief of pain, and so creating a morbid condition, a so-called “craving,” that will not be denied. I confess to you, gentlemen, that though I have been studying opium and opium habitués for more than twenty years, I do not fully understand it, but am more and more impressed by this peculiar power with every case that comes under my care.

Another point in favor of codiene is the non-need of increasing the dose on long usage. The reverse so often obtains with morphia that

it marks one of the distressing features attending habitual use; growing by what it feeds on, it steadily adds to the hapless lot of those who from force of conditions beyond control, find themselves compelled to mind an imperious power they are helpless to resist.

To get good results from codeine it is essential to have it pure. Such is supplied by Merck, of Darmstadt and New York. The sulphate and phosphate—the first by mouth, and the other for subcutaneous use—are the most eligible. The latter is freely soluble—more so than morphia, my usual solution being six grains to the drachm. It should be freshly made; bitter almond water tends to preserve it; I have never noted local harm.

The dose required is larger than morphia. Fischer says triple; Bartholow four times. Fischer has written more largely of codeine—detailing several years experience—than any other foreign physician, and to him is mainly due my extensive use of the drug. I commend to you his papers in the German medical press of 1888. An initial dose of one-half grain by mouth, or one-quarter to one-half grain by skin is safe, and may be repeated and increased as required.

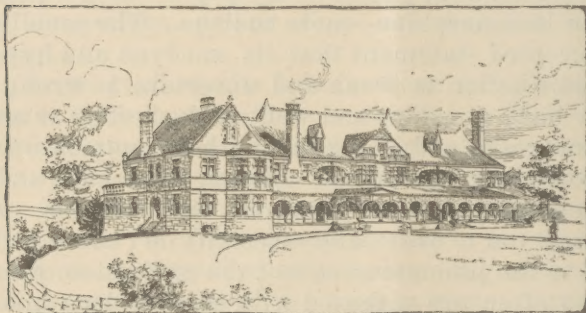
Narceine, though so little used, is a soporific

of value. It is not an anodyne. Failure will result if pain be present. The dose should be double that of morphia. The hydrochlorate—Merck—admits of hypodermic use.

Gentlemen, you have my paper. It is a plea for less morphine—more codiene. The usually accepted statement that its anodyne and hypnotic action is weak and uncertain, is wrong. It has a constant and well marked effect as an analgesic and soporific, without unpleasant secondary symptoms—nausea, headache, and general malaise so common with morphia. I urge you to use it, and especially do I commend it to the junior members of the profession, who too often are enthused with that modern mischievous-maker, hypodermic morphia, and have not yet gained the wisdom given their fathers, whose experience has led them to discard—increasingly often, I am glad to say—a power so potent for ill. I speak feelingly on this subject, gentlemen, for my professional work for many years has brought me in daily contact with those—mostly our own guild—whose lives have been blighted by morphia.

The easing of pain ranks next to the saving of life, and when in doing such noble work, we do it without entailing a bondage binding, it may be, for life, the millenium will be nearer than now.

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THE MATTISON PRIZE.

OPIUM ADDICTION AS RELATED TO RENAL DISEASE.

A PRIZE OF FOUR HUNDRED DOLLARS.

With the object of advancing scientific study and settling a now mooted question, Dr. J. B. Mattison, of the Brooklyn Home for Habitues, offers a prize of \$400 for the best paper on "Opium Addiction as Related to Renal Disease," based upon these queries:

Will the habitual use of opium, in any form, produce organic renal disease?

If so, what lesion is most likely?

What is the rationale?

The contest is to be open for two years from Dec. 1, 1890, to either sex, and any school or language.

The prize paper is to belong to the American Association for the Cure of Inebriety, and be published in a New York medical journal, *Brooklyn Medical Journal* and *Journal of Inebriety*.

Other papers presented are to be published in some leading medical journal, as their authors may select.

All Papers are to be in possession of the Chairman of Award Committee, on or before January 1, 1893

The Committee of Award will consist of Dr. Alfred L. Loomis, Pres. N. Y. Acad. of Medicine, Chairman; Drs. H. F. Formad, Phila.; Ezra H. Wilson, Brooklyn; Geo. F. Shradly, and Jos. H. Raymond, editor *Brooklyn Med. Journal*.